

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|---------|----------|
| FEE DETERMINATION | BT | | 10-13-99 |
| O.I.P.E. CLASSIFIER | | | 10/15/99 |
| FORMALITY REVIEW | | 7/10/99 | 10/12 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------------|
| Final | |
| Original | |
| 1 | ✓ 10/13/99 |
| 2 | ✓ 10/13/99 |
| 3 | ✓ 10/13/99 |
| 4 | ✓ 10/13/99 |
| 5 | ✓ 10/13/99 |
| 6 | ✓ 10/13/99 |
| 7 | ✓ 10/13/99 |
| 8 | ✓ 10/13/99 |
| 9 | ✓ 10/13/99 |
| 10 | ✓ 10/13/99 |
| 11 | ✓ 10/13/99 |
| 12 | ✓ 10/13/99 |
| 13 | ✓ 10/13/99 |
| 14 | ✓ 10/13/99 |
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| 50 | ✓ 10/13/99 |

| Claim | Date |
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| Final | |
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| Claim | Date |
|----------|------|
| Final | |
| Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here